



AF/1617
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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

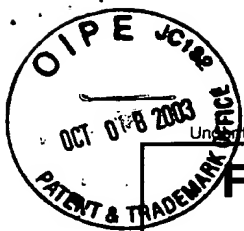
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/774,278	
	Filing Date	January 30, 2001	
	First Named Inventor	Gregory M. LANZA	
	Group Art Unit	1617	
	Examiner Name	S. J. Sharareh	
Total Number of Pages in This Submission	21	Attorney Docket Number	532512000500

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return Postcard RECEIVED OCT 10 2003 TECH CENTER 1600/2900
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	
Date	October 6, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, 22313, on the date shown below.	
Dated: 10/6/03	Signature: Tami M Procopio (Tami Procopio)



PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 55.00

Complete if Known

Application Number 09/774,278
Filing Date January 30, 2001
First Named Inventor Gregory M. LANZA
Examiner Name S. J. Sharareh
Group Art Unit 1617
Attorney Docket No. 532512000500

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	750	375			Utility filing fee	
1002	2002	330	165			Design filing fee	
1003	2003	520	260			Plant filing fee	
1004	2004	750	375			Reissue filing fee	
1005	2005	160	80			Provisional filing fee	
SUBTOTAL (1)							0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims ** = x =
Independent Claims ** = x =
Multiple Dependent =

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65			Surcharge - late filing fee or oath	
1052	2052	50	25			Surcharge - late provisional filing fee or cover sheet	
1053	1053	130	130			Non-English specification	
1812	1812	2,520	2,520			For filing a request for ex parte reexamination	
1804	1804	920*	920*			Requesting publication of SIR prior to Examiner action	
1805	1805	1,840*	1,840*			Requesting publication of SIR after Examiner action	
1251	2251	110	55			Extension for reply within first month	
1252	2252	410	205			Extension for reply within second month	55.00
1253	2253	930	465			Extension for reply within third month	
1254	2254	1,450	725			Extension for reply within fourth month	
1255	2255	1,970	985			Extension for reply within fifth month	
1401	2401	320	160			Notice of Appeal	
1402	2402	320	160			Filing a brief in support of an appeal	
1403	2403	280	140			Request for oral hearing	
1451	1451	1,510	1,510			Petition to institute a public use proceeding	
1452	2452	110	55			Petition to revive - unavoidable	
1453	2453	1,300	650			Petition to revive - unintentional	
1501	2501	1,300	650			Utility issue fee (or reissue)	
1502	2502	470	235			Design issue fee	
1503	2503	630	315			Plant issue fee	
1460	1460	130	130			Petitions to the Commissioner	
1807	1807	50	50			Processing fee under 37 CFR 1.17(q)	
1806	1806	180	180			Submission of Information Disclosure Stmt	
8021	8021	40	40			Recording each patent assignment per property (times number of properties)	
1809	2809	750	375			Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	750	375			For each additional invention to be examined (37CFR 1.129(b))	
1801	2801	750	375			Request for Continued Examination (RCE)	
1802	1802	900	900			Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 55.00

SUBMITTED BY

Name (Print/Type) Kate H. Murashige

Registration No. (Attorney/Agent) 29,959

Complete (if applicable)

Telephone (858) 720-5112

Signature

Kate H. Murashige

Date

October 6, 2003

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Signature: Jami M Procopio (Tami Procopio)